



# STATE OF MAINE Bureau of Insurance

DATE RECEIVED

## APPLICATION FOR CONSULTANT LICENSE

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Payment must be submitted with all applications.

Make all checks payable to: **Treasurer State of Maine**

For Bureau Use Only  
LIC#:

- Check all that apply:  New  Reinstatement  
 Resident = **\$75** (\$50 license fee & \$25 application fee)  
 Nonresident = **\$125** (\$100 license fee & \$25 application fee)  
 Life/Health  Property/Casualty

A. Full Legal Name (please type or print clearly)			B. Social Security Number		
C. Complete Business Name				D. Federal Identification Number	
E. Business Mailing Address (street address)					F. PO Box #
G. City		H. State		I. Zip Code	
J. Business Phone Number		K. Business Fax Number		L. Business E-mail Address	
M. Home Mailing Address (Street)					N. PO Box #
O. City		P. State		Q. Zip Code	
R. Home Phone Number		S. Date of Birth			T. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

**Note:** For each application submitted, please include one check for the total amount due. If paying by credit card, please complete the form that is available on our website: [www.maine.gov/insurance](http://www.maine.gov/insurance)

<p>The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.</p>	
<p>1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___</p> <p>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement explaining the circumstances of each incident,</li> <li>a certified copy of the charging document, and</li> <li>a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ol>	<p>Yes ___ No ___</p>
<p>2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>a certified copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ol>	<p>Yes ___ No ___</p>
<p>3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes ___ No ___</p>
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No ___</p>
<p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement summarizing the details of each incident,</li> <li>a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</li> <li>a certified copy of the official document which demonstrates the resolution of the charges or any final judgment</li> </ol>	<p>Yes ___ No ___</p>
<p>6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>certified copies of all relevant documents.</li> </ol>	<p>Yes ___ No ___</p>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes to Question 7, by how many months are you in arrearage? _____ Months</p>	<p>Yes ___ No ___</p>
<p>8. Are you the subject of a child support related subpoena or warrant?</p>	<p>Yes ___ No ___</p>

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

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**INCOMPLETE APPLICATIONS** may be returned (please type or print clearly).

**Trade Names:** A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

**Maine Law:**

Requires notification to the Superintendent within 30 days of: changes in business address, telephone number, name or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary action taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A MRSA §1419.

Requires all Business Entities (except Sole Proprietorships) to become licensed. If an individual is working for a business entity (agency), and that entity is not already licensed in Maine, then you must submit a Business Entity application with the appropriate fees.

**RETURN application and fees to:**

LICENSING  
BUREAU OF INSURANCE  
34 STATE HOUSE STATION  
AUGUSTA ME 04333-0034  
Phone: (207) 624-8475

**E-mail us at:** insurance.pfr@maine.gov

**Visit us at our web page:** maine.gov/insurance

**MAINE INSURANCE CONSULTANT'S LICENSE BOND**

**BOND #** \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS

THAT \_\_\_\_\_  
(Name of Insurance Consultant)

of \_\_\_\_\_ as principal, and

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Surety Company) (Place of Business)

as surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of

\_\_\_\_\_ to the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above named Consultant who has been licensed as an Insurance Consultant in accordance with Title 24A of the Maine Revised Statutes of 1964, complies with all the requirements of Title 24A, §1805 of the Maine Revised Statutes of 1979, as amended. The Bonds shall indemnify any person damaged by any fraudulent act or conduct of the licensee in transaction under the license, and shall likewise be conditioned upon faithful accounting and application of all moneys coming into the licensee's possession in connection with his activities as such a licensee.

This bond shall be continuous in nature and remain in force until the surety is released from liability by the Superintendent of Insurance or until cancelled by the surety. Without prejudice to any prior liability accrued, the surety may cancel this bond upon 30 days' advance written notice to the Licensee and the Commissioner.

Pursuant to Title 24-A M.R.S.A. § 3105, either (1) a power of attorney form authorizing the undersigned to issue this bond amendment/cancellation is attached thereto; or (2) this bond has been issued by a corporate officer authorized to issue bonds, and a "Board of Directors' Resolution" is attached or is on file with the Superintendent of Insurance evidencing the officer's authority to issue bonds.

Signed, Sealed and Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Witnessed:

\_\_\_\_\_  
(Must be signed by witness)

\_\_\_\_\_  
(Signature of Insurance Consultant)

\_\_\_\_\_  
(Name of Surety Company)

BY: \_\_\_\_\_ Seal